Form **990**

EEA

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

2012

OMB No 1545-0047

Department of the Treasury

Open to Public

Inter	nal Rev	enue	Service	<u> </u>	The organization	on may have to use	a copy of this return	to satisfy state repo	rting red	quirements			Inspec	tion
A	For t	he 2	2012 calend	ar year, or	tax year begin	nning		, 2012, and	ending				, 20	
В	Check	ıf apı	plicable	C Name of or	rganization AME	RICANS FOR L	IMIT GOVT FOUR	NDATION			\Box	D Em	ployer identi	fication no
X	Addres	s ch	ange	Doing Busi	iness As							52-	2020468	3
	Name	chan	nge	Number an	nd street (or PO bo	ox if mail is not delivered	to street address)		Room/	suite		E Tele	ephone numb	er
	Initial r		-		-	EET SUITE 32			326	5	- 1			
Ō	Temin				or post office, state		-	•			ヿ	2	2,549,1	81
Ħ	Amend			-	ax, VA 22						- 1		iss receipts	
Ħ			pending			ipal officer NATHA	N MEHDENS	· · · · · · · · · · · · · · · · · · ·				0 0.0	33 1000/pt3	
_	Αφριια	21.011	ponding		as C abov		n minung		H(a) Is this a gri affiliates?	oup re	turn for	Пν	s 🔯 No
_	Tay av	omot	status 🔯		501(c) () ((insert no)	4947(a)(1) or	527	Н(Б					s D No
<u> </u>			t status ∐XI ► N/A	501(0)(3)	<u> </u>) (Insert no)	4947(a)(1) Or] 52/	H(c)	If "No," atta	ach a l	ist (see	instructions)	ıs ∟ no
<u>, </u>			panization 🔯	Comprehen	Trust Ass	sociation Other I		L Year of formation						··
	art I		Summar	_	IIusi Ass	sociation Other		L Tear or formation	1990	M State	oi ieg	ai domici	ile VA	
<u></u>	1				nization's miss	ion or most significa	ant activities	DROWING DECK	INDOI!	ON TOO			3 MUD M	
			•	_		ion or most significa	ant activities TO	PROVIDE RESE	ARCH	ON 188	UES	REL	ATED TO	
Activities & Governance		Ŧ	LIMITED	GOVERNMI	ENT.	-								
la		-				· · · · · · · · · · · · · · · · · · ·	······································							
ě	١.		Ob 1. 15 - 5	🗆 🚓	L			1 - f th 050/	-6-4	11-				
Ô	2			· —	-		perations or disposed				ء ا	1		
ಂಶ	3			_	_	erning body (Part VI					3	+-		10
ies	4				_		body (Part VI, line 1b				4	+-		10
Σ	5					•	2 (Part V, line 2a)				5	+-		16
Act	6				ers (estimate if						6	+		
•							C), line 12 · · · ·				7a			720
		bι	Net unrelated	d business t	axable income	from Form 990-T, I	ine 34 • • • • •		• • • •	• • • • •	7b	+	·	0
										Pnor Year		┷	Current Ye	ear
•	8			-	•	•	• • • • • • • • • •			878	,20	<u> </u>	2,5	48,461
ã	9		-		-	=-						┿		0
Revenue	10	1	investment in	ncome (Part	t VIII, column (/	A), lines 3, 4, and 7	d) · · · · · · · ·			20	,18	5		720
æ	11	(Other revenu	ie (Part VIII,	, column (A), lır	nes 5, 6d, 8c, 9c, 10	Oc, and 11e)							0
	12						II, column (A), line 12			898	, 38	5	2,5	49,181
	13						s 1-3) · · · · · ·			366	,50	<u>o</u>	4	<u>48,750</u>
	14					X/cellinn (A), line 4				· · · · · · · · · · · · · · · · · · ·				0
ø	15	5 5	Salaries, othe	er င ု်ကြာ ens	ation, employe	e benefits (Part IX,	column (A), lines 5-1	0)		706	,74	6	7	56,408
Expenses	16	a F	Professional	fundraising	fees (Part IX, o	column (A) Une 11e	e)							0
þe		b 1	Total fundrais	sing expense	es (Part IX col	மூர் (D)/சூ/25)	>	175,717				<u> </u>		
ŭ	17	' (Other expens	ses (PartitX	column (A), lii	nes 11a-100 11f-24 equal Part X, colu	le) · · · · · · ·			567	,81	3	6	25,642
	18	3 7	Total expense	es Add Inge	s 13 7 must	equal Part IX, colu	mn (A), line 25) -			1,641	,05	9	1,8	30,800
	19) F	Revenue les	s expenses	Subtract line		<u> </u>			(742	, 67	4)	7	18,381
) # ;	5					المعدد			Beginnır	ng of Current	Year		End of Ye	ar
Fund Blances	20) 1	Total assets	(Part X, line	16)				_	521	, 68	3	1	32,197
P 4	ž 21	1	Total liabilitie	s (Part X, Iır	ne 26) · · ·					1,933	, 32	8	8.	25,461
	22	! !	Net assets or	r fund balan	ces Subtract	line 21 from line 20				(1,411	, 64	5)	(6	93,264)
Pa	art II		Signatu	re Block										
							ng schedules and statemer		knowledge	e and belief, it	IS			
uue,	correct	, and	Complete Deci	arayon or prepa	arer (ourier toan on	cer) is based on all illion	mation of which preparer ha	as any knowledge			1	1		
٠.		- In	\mathcal{A}	Satt	Mel							III	2115	
Siç	yn		Signatur	e of officer	• , •						Dat	.е	•	
He	re		NATH	AN MEHRE	ENS, PRESI	DENT								
				print name and										
			Print/Type pre	parer's name		Preparer's signature		Date		Check	ď	PTIN		
Pa	id									self-employe	ed			- 1
Pre	epar	er	Firm's name	•					Firm's	EIN 🕨				
Us	e Or	ıly	Firm's address	s Þ	<u> </u>				Phone					
		-												- 1
Mav	the I	RS (discuss this	return with t	the preparer sh	nown above? (see if	nstructions) · · ·						Yes	☐ No
						parate instruction							Form 9	 -

	rt III Statement of Program Service Accomplishments
	Check if Schedule O contains a response to any question in this Part III
1	Briefly describe the organization's mission
	TO PROVIDE RESEARCH ON ISSUES RELATED TO LIMITED GOVERNMENT.
	VIO PROVIDE RESERVEN ON ISSUES RELATED TO BENITED GOVERNMENT.
2	Did the organization undertake any significant program services during the year which were not listed on the
	prior Form 990 or 990-EZ?
	If "Yes," describe these new services on Schedule O
3	Did the organization cease conducting, or make significant changes in how it conducts, any program
	services? · · · · · · · · · · · · · · · · · · ·
	If "Yes," describe these changes on Schedule O
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by
	expenses Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others,
	the total expenses, and revenue, if any, for each program service reported
4a	(Code) (Expenses \$1,306,520 including grants of \$448,750) (Revenue \$2,548,461)
	TO PROVIDE RESEARCH ON VARIOUS LIMITED GOVERNMENT IDEAS.
46	(Code) (European C) (Payante of C) (Payante C
4b	(Code) (Expenses \$ including grants of \$) (Revenue \$)
4c	(Code) (Expenses \$ including grants of \$) (Revenue \$)
A cl	Other program convices (Describe in Schedule O.)
4d	Other program services (Describe in Schedule O) (Expenses \$ including grants of \$) (Revenue \$)
4e	Total program service expenses 1,306,520

2) AMERICANS FOR LIMIT GOVT FOUNDATION Checklist of Required Schedules Part IV

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
	complete Schedule A	1	Х	
2 `	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	Χ	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			
	candidates for public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)			
	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,			
	assessments, or similar amounts as defined in Revenue Procedure 98-197 If "Yes," complete Schedule C,			
	Part III · · · · · · · · · · · · · · · · ·	5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors			
	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If			
	"Yes," complete Schedule D, Part I	6		<u>X</u>
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		<u>X</u>
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
	complete Schedule D, Part III	8		<u>X</u> _
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a			
	custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or			
	debt negotiation services? If "Yes," complete Schedule D, Part IV	9		<u>X</u>
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted			17
	endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		<u>X</u>
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,			
_	VII, VIII, IX, or X as applicable			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	44.0	v	
h		11a	X	
b	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11ь	ļ	Х
_	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more	110		
, •	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		Χ
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets			
_	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	X	
е		11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	ŀ	Χ
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		Χ
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if			
	the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		Χ
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E $\cdots \cdots $	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,		I	
	fundraising, business, investment, and program service activities outside the United States, or aggregate			
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		<u>X</u>
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any			
	organization or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV	15		<u>X</u>
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance			
	to individuals located outside the United States? If "Yes," complete Schedule F, Parts III and IV	16		<u>X</u>
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on			
40	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		<u>X</u>
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on	ا ـ ِ ا		.,
40	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		<u>X</u>
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	ا 🛌 ا		v
20-		19		X
20a h		20a		<u>X</u>
_ь	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		

Form 990 (2012)
Part IV C 2) AMERICANS FOR LIMIT GOVT FOUNDATION Checklist of Required Schedules (continued)

			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to any government or organization			
	In the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Χ	
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States	,		
	on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J	23		_X_
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b			
	through 24d and complete Schedule K If "No," go to line 25	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary penod exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
	to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction			
	with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a	_	X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior			
	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?			
	If "Yes," complete Schedule L, Part I	25b		<u>X</u>
26	Was a loan to or by a current or former officer, director, trustee, key employee, highest compensated employee, or			
	disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,			
	substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,			
	Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete			
	Schedule L, Part IV	28b		<u>X</u>
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)			
	was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		<u>X</u>
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Χ
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	30		<u>X</u>
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,		ŀ	
	Part I	_31		<u>X</u>
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"			
	complete Schedule N, Part II	_ 32		<u>X</u>
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			17
	sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		<u>X</u>
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1			v
25-		34		<u>X</u>
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		<u></u>
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a	256		v
36	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		<u>X</u>
JU	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-chantable	26		v
27	related organization? If "Yes," complete Schedule R, Part V, line 2	36		<u>X</u>
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization		ĺ	
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,	,		v
20	Part VI	37		<u>X</u>
38		20	ų l	
	19? Note. All Form 990 filers are required to complete Schedule O	38	Х	

12) AMERICANS FOR LIMIT GOVT FOUNDATION

Statements Regarding Other IRS Filings and Tax Compliance Part V

	Check if Schedule O contains a response to any question in this Part V			<u>. 🗆</u>
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable			
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable			
C	Did the organization comply with backup withholding rules for reportable payments to vendors and			
	reportable gaming (gambling) winnings to prize winners?	1c [Х	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
	Statements, filed for the calendar year ending with or within the year covered by this return 2a 16			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		Х
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority			
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial			
	account)?	4a		Χ
b	If "Yes," enter the name of the foreign country			
	See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts	ı	- 1	
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Χ
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c	\dashv	
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			
	organization solicit any contributions that were not tax deductible as chantable contributions?	6a		Χ
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or		-	
_	gifts were not tax deductible?	6ь		
7	Organizations that may receive deductible contributions under section 170(c).	"		
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
_	and services provided to the payor?	7a		
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was		-	
·	required to file Form 8282?	7c		
d	If "Yes," indicate the number of Forms 8282 filed during the year			
9	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
g g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting	-"-		
•	organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring			
	organization, have excess business holdings at any time during the year?	8	l	
9	Sponsoring organizations maintaining donor advised funds.			
a	Did the organization make any taxable distributions under section 4966?	9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter			
а	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations. Enter			
'' a	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources		l	
	against amounts due or received from them)		İ	
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	ŀ	
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	· = a		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
a	Is the organization licensed to issue qualified health plans in more than one state?	13a		
-	Note. See the instructions for additional information the organization must report on Schedule O			
b	Enter the amount of reserves the organization is required to maintain by the states in which			
-	the organization is licensed to issue qualified health plans			
С	Enter the amount of reserves on hand			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Х
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b	-	- 11
	The first of the first tender through the first tender payments of the first operation in outloadie of the first tender through the first tender to the first tender tender to the first tender	. 75		

Pa	rt VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b	below, and for a "I	No"		
	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. S	See instructions			
	Check if Schedule O contains a response to any question in this Part VI				· 🔯
Sec	tion A. Governing Body and Management				
				Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year · · · · · · · · · 1	la 10			
	If there are material differences in voting rights among members of the governing body, or				
	If the governing body delegated broad authority to an executive committee or similar				
	committee, explain in Schedule O				
b	Enter the number of voting members included in line 1a, above, who are independent	lb 10			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with				
	any other officer, director, trustee, or key employee?		2		Χ
3	Did the organization delegate control over management duties customanly performed by or under the direct				
	supervision of officers, directors, or trustees, or key employees to a management company or other person?		3		Χ
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		5		X
6	Did the organization have members or stockholders?		6		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint				
	one or more members of the governing body?		7a		Х
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,				21
-	stockholders, or persons other than the governing body?		7b		Х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during				Λ_
Ü	the year by the following		ł		
•	The governing body?		8a		Х
a				Х	
ь 9	, , , , , , , , , , , , ,		8b	^	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at		9		v
202	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		9		X
360	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code))	1		
10-	Did the agreement in horse level shorters breaches as offlicted?	1	40-	Yes	No.
10a	Did the organization have local chapters, branches, or affiliates?		10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,		401	ļ	
	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?		10b	37	
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the	e form?	11a	Х	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990			.,	
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13		12a	X	
b	Were officers, directors or trustees, and key employees required to disclose annually interests that could give use to	conflicts?	12b	Х	-
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"			.,	
	describe in Schedule O how this was done		12c	Х	
13	Did the organization have a written whistleblower policy?	ŀ	13	Х	
14	Did the organization have a written document retention and destruction policy?		14	X	
15	Did the process for determining compensation of the following persons include a review and approval by		ŀ	İ	
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?				
а	The organization's CEO, Executive Director, or top management official		15a		X
b	Other officers or key employees of the organization	• • • • • • • • • • • • • • • • • • • •	15b		X
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)			ļ	
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement			ŀ	
	with a taxable entity during the year?		16a		<u>X</u>
þ	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its				
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the		ł		
	organization's exempt status with respect to such arrangements?		16b		
	tion C. Disclosure				
17	List the states with which a copy of this Form 990 is required to be filed VA				
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(cr	c)(3)s only)			
	available for public inspection. Indicate how you made these available. Check all that apply				
	☐ Own website ☐ Another's website ☐ Upon request ☐ Other (explain in Schedule O)				
19	Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest	policy,			
	and financial statements available to the public during the tax year				
20	State the name, physical address, and telephone number of the person who possesses the books and records of the	•			
_	organization ► WILLIAM WILSON (703)383-0880 10332 MAIN STREET SUITE 3	326 Fairfax	VA	2203	31

Form 990 (20	, <u>1220120000 1010 20100 000 0 10000000000</u>	52-2020468	Page 7
Part VII	Compensation of Officers, Directors, Trustees, Key Employees, Highest Co	mpensated Employe	es, and
	Independent Contractors		
•	Check if Schedule O contains a response to any question in this Part VII		\cdots
Section A.	Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees		

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid
 - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

List persons in the following order individual trustees or directors, institutional trustees, officers, key employees, highest compensated employees, and former such persons

Check this box if neither the organization nor any relate	d organizatioi	n comp	ens	ated	any	curre	nt of	ficer, director, or tru	ıstee	
(A)	(B)			(6	C)			(D)	(E)	(F)
Name and Title	Average			Pos	ition			Reportable	Reportable	Estimated
	hours per week (list any	(do n	ot che	ck m	ore th	an one		compensation from	compensation from related	amount of other
	hours for	box, u	ınless	pers	on is	both an		the	organizations	compensation
	related	office	r and	a dire	ector/t	trustee)		organization	(W-2/1099-MISC)	from the
	organizations below dotted	l t d	1 t	ļ	ĸ	Нсе	F	(W-2/1099-MISC)		organization and related
	line)	d u r	su	7	e y	i o m	r			organizations
		I S e V t C I e t	l t	C	e m	h p l	e e			
		deo	u e	e r	P	s n y	'			
		u r ao Ir	t i		ó	a e				
		' '	o n		9 8	ď				
			a I				<u> </u>			_ -
(1) DAVE RENSIN		١								
DIRECTOR	5.00	X					ļ	0	0	0_
(2) DAVID VANDERVEEN		 ,,								
DIRECTOR	10.00	X				-		0	0	0
(3) ED CRANE										
DIRECTOR	5.00	X		_		<u> </u>		0	0	0
(4) HOWARD RICH				l						
CHAIRMAN	10.00	X		X			_	0	0	0
(5) MICHAEL DOKUPIL		l								
DIRECTOR	10.00	X	_	L	<u> </u>	<u> </u>		0	0	. 0
(6) PAUL FARAGO										
DIRECTOR	5.00	Х						0	0	0
(7) PETER CONLIN										
SECRETARY	5.00	X	_	X	ļ		<u> </u>	0	0	0
(8) TRAVIS ANDERSON		i								
DIRECTOR	10.00	X		<u> </u>		<u> </u>		0	0	0
(9) WILLIAM WILSON										
DIRECTOR	20.00	X	_				_	40,000	0	0
(10)NATHAN MEHRENS										
PRESIDENT	40.00		_	Х	_			80,030	0	0_
(11)RAY WOTRING										
TREASURER	10.00	ļ		X				9,066	0	0
(12)										
(13)										<u> </u>
(14)										
	1	1			L	l .				

A Marine and title An American Provided Control of the Notice of th	Part	90 (2012) AMERICANS FOR LIMI VII Section A. Officers, Directors, Trustees,						Comp	ensa	ated Employees	52-2020 (continued)	-= 00		Page 8
1 1 1 2 3 3 4 4 5 5 5 5 5 5 5 5		(A)	(B) Average hours per week (list any	(do n	ot che	Pos eck m s pers	c) ition ore th	nan one both an		(D) Reportable compensation from	(E) Reportable compensation from related	a	stimated mount of other	
16) 17) 18) 19) 20) 21) 22) 23) 24) 25) 1b Sub-total c Total from continuation sheets to Part VII, Section A d Total (add lines 1b and 1c) 2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization 3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual 4 For any individuals lined in fine 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person 5 Section B. Independent Contractors 1 Complete this table for your five highest compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person 5 Section B. Independent Contractors 1 Complete this table for your five highest compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person 5 Section B. Independent Contractors 1 Complete this table for your five highest compensation from the organization or within the organization's tax year			related organizations below dotted	nri dur ise vtc iet deo u r	nr suts tte ue t on	f f c e	e y e m p l o y e	omployee state	0 r H e	organization	_	organiza and rela		on d
17) 18) 19) 20) 21) 22) 23) 24) 25) 1b Sub-total 25 Total from continuation sheets to Part VII, Section A d Total (add lines 1b and 1c) 2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization of reportable compensation from the organization sheets to Part VII, Section A d Total (add lines 1b and 1c) 2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual 4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person 5 Section B. Independent Contractors 1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization? If "Yes," complete Schedule J for such person 5 Section B. Independent Contractors 1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization? Report compensation for the calendar year ending with or within the organization's tax year		<u> </u>						_						
18) 19) 20) 21) 22) 23) 24) 25) 1b Sub-total c Total from continuation sheets to Part VII, Section A d Total (add lines 1b and 1c) 2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization 3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual 4 For any individual listed on line 1a, is the sum of reportable compensation from the organization or individual 5 Did any person listed on line 1a receive or accuse compensation from any unrelated organization or individual 5 Did any person listed on line 1a receive or accuse compensation from any unrelated organization or individual 5 Did any person listed on line 1a receive or accuse compensation from any unrelated organization or individual 5 Did any person listed on line 1a receive or accuse compensation from any unrelated organization or individual 5 Did any person listed on line 1a receive or accuse compensation from any unrelated organization or individual 5 Did any person listed on line 1a receive or accuse compensation from any unrelated organization or individual 5 Did any person listed on line 1a receive or accuse compensation from any unrelated organization or individual 5 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization? Report compensation for the calendar year ending with or within the organization's tax year			ļ		_									
19) 20) 21) 22) 23) 24) 25) 1b Sub-total														
20) 21) 22) 23) 24) 25) 1b Sub-total														
22) 23) 24) 1b Sub-total														
22) 23) 24) 25) 1b Sub-total														
23) 24) 25) 1b Sub-total											,			
25) 1b Sub-total c Total from continuation sheets to Part VII, Section A d Total (add lines 1b and 1c) 2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization 3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual 4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person 5 Section B. Independent Contractors 1 Complete this table for your five highest compensation for the calendar year ending with or within the organization's tax year (A) (B) (B) (C)	22)													
25) 1b Sub-total	23)													
1b Sub-total	24)													
Total from continuation sheets to Part VII, Section A d Total (add lines 1b and 1c)	25)												_	
d Total (add lines 1b and 1c)			оп А .						>			-		
reportable compensation from the organization Yes								· · ·	•		0	<u> </u>		0
3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual	2	_		ed abo	ve) v	vho i	rece	ived m	ore	than \$100,000 of	0			
employee on line 1a? If "Yes," complete Schedule J for such individual		,	- · · · · ·								<u>_</u>		Yes	No
For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual	3	· · · · · · · · · · · · · · · · · · ·		-	ploye	e, o	r hig	hest o	omp	ensated		,		х
Individual	4	• •			on a	nd o	ther	comp	ensa	ition from the		-	<u>. </u>	Λ
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person				"Yes,"	com	plet	e Sc	hedule	J fo	or such				
for services rendered to the organization? If "Yes," complete Schedule J for such person	5			from a	 nv u	 inrel:	· · ated	organ	· ·	on or individual		4		X
Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year (A) (B) (C)		for services rendered to the organization? If "Yes," of			-			_				5		Χ
(A) (B) (C)		Complete this table for your five highest compensation	· ·											
	_									(B)			(C)	
			_									Com		n

Total number of independent contractors (including but not limited to those listed above) who

received more than \$100,000 of compensation from the organization

Form 990 (2012)

Part VIII Statement of Revenue Check if Schedule O contains a response to any question in this Part VIII (A) (B) (C) (D) Total revenue Related or Unrelated Revenue excluded from tax exempt business revenue under sections 512, 513, or 514 Contributions, Gifts, Grants and Other Similar Amounts 1a Membership dues 1b 1c C Fundraising events 1d 1e Government grants (contributions) . . All other contributions, gifts, grants, and similar amounts not included above 1f 2,548,461 Noncash contributions included in lines 1a-1f \$ Total. Add lines 1a-1f 2,548,461 **Business Code** Program Service Revenue 2a f All other program service revenue g Total. Add lines 2a-2f · · · · · · · · · · · · ▶ Investment income (including dividends, interest, and other similar amounts) 720 720 Income from investment of tax-exempt bond proceeds (ı) Real (II) Personal b Less rental expenses · · · · c Rental income or (loss) · · · (i) Secunties (II) Other 7a Gross amount from sales of assets other than inventory b Less cost or other basis and sales expenses c Gain or (loss) Other Revenue 8a Gross income from fundraising events (not including \$ of contributions reported on line 1c) See Part IV. line 18 a **b** Less direct expenses · · · · · · b c Net income or (loss) from fundraising events · · · · · · · ▶ 9a Gross income from gaming activities See Part IV, line 19 a **b** Less direct expenses b c Net income or (loss) from gaming activities · · · · · · · · ▶ 10a Gross sales of inventory, less returns and allowances a **b** Less cost of goods sold b c Net income or (loss) from sales of inventory Miscellaneous Revenue **Business Code** 11a b C e Total. Add lines 11a-11d Total revenue. See instructions 720 2,549,181

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A) Check if Schedule O contains a response to any question in this Part IX (B) (C) (D) Do not include amounts reported on lines 6b, 7b, Total expenses Program service Management and Fundraising 8b, 9b, and 10b of Part VIII. general expenses expenses expenses Grants and other assistance to governments and organizations in the United States See Part IV, line 21 . 448,750 448,750 Grants and other assistance to individuals in the United States See Part IV, line 22 Grants and other assistance to governments, 3 organizations, and individuals outside the United States See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, 129,096 129,096 6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 7 Other salaries and wages 604,879 468,755 136,124 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) 9 10 22,433 15,888 6,545 11 Fees for services (non-employees) ь 87,870 57,439 30,431 C d Lobbying Professional fundraising services See Part IV, line 17 . Investment management fees Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O) 12 18,555 18,555 13 Office expenses 4,625 4,625 14 Information technology 34,395 34,395 15 16 23,841 23,841 17 10,802 3,732 14,534 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 19 Conferences, conventions, and meetings 20 68,227 68,227 21 22 Depreciation, depletion, and amortization 8,826 8,826 23 17,807 17,807 24 Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O) Consultants 276,531 47,993 82,959 145,579 b 6,514 6,514 Computer Expense 8,570 6,184 2,386 C Data Entry Service d 25,605 All other expenses 55,347 21,891 7,851 25 Total functional expenses. Add lines 1 through 24e 1,830,800 1,306,520 348,563 175,717 26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here ▶ ∐ ıf following SOP 98-2 (ASC 958-720)

Part X Balance Sheet

		Check if Schedule O contains a response to any question in this Part X	<u> </u>		[
			(A)		(B)
			Beginning of year		End of year
	1	Cash - non-interest-bearing	241,975	1	90,181
	2	Savings and temporary cash investments	696	2	29
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net	248,497	4	16,492
	5	Loans and other receivables from current and former officers, directors			
		trustees, key employees, and highest compensated employees			
		Complete Part II of Schedule L		5	
	6	Loans and other receivables from other disqualified persons (as defined under section			
		4985(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and			
		sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary			
		organizations (see instructions) Complete Part II of Schedule L		6	
	7	Notes and loans receivable, net		7	
Assets	8	Inventones for sale or use		8	
Ass	9	Prepaid expenses and deferred charges		9	
`	10a	Land, buildings, and equipment cost or			
		other basis Complete Part VI of Schedule D 10a 105,216			
	b	Less accumulated depreciation · · · · · · · · · · 10b 97,080	13,156	10c	8,136
	11	Investments - publicly traded securities	20/200	11	0,130
	12	Investments - other secunties See Part IV, line 11		12	·
	13	Investments - program-related See Part IV, line 11		13	
	14	Intangible assets	····	14	
	15	Other assets See Part IV, line 11	17,359	15	17,359
	16	Total assets. Add lines 1 through 15 (must equal line 34)	521,683	16	132,197
	17	Accounts payable and accrued expenses	668	17	
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability Complete Part IV of Schedule D		21	
စ္က	22	Loans and other payables to current and former officers, directors,			
Liabilities		trustees, key employees, highest compensated employees, and			
abi		disqualified persons Complete Part II of Schedule L	910,619	22	
=	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties	1,022,041	24	825,461
	25	Other liabilities (including federal income tax, payables to related third			
		parties, and other liabilities not included on lines 17-24) Complete Part X			
- 1		of Schedule D		25	
	26	Total liabilities. Add lines 17 through 25	1,933,328	26	825,461
		Organizations that follow SFAS 117 (ASC 958), check here ► 🗵 and			
Se		complete lines 27 through 29, and lines 33 and 34.			
a	27	Unrestricted net assets	(1,411,645)	27	(693,264)
Bal	28	Temporanly restricted net assets		28	
밀	29	Permanently restricted net assets		29	
3		Organizations that do not follow SFAS 117 (ASC 958), check here ▶ ☐ and			
ō		complete lines 30 through 34.			
8	30	Capital stock or trust principal, or current funds		30	
884	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
Net Assets of Fund Balances	32	Retained earnings, endowment, accumulated income, or other funds	· · · · · · · · · · · · · · · · · · ·	32	
ž	33	Total net assets or fund balances	(1,411,645)	33	(693,264)
	34	Total liabilities and net assets/fund balances	521,683	34	132,197

	1990 (2012) AMERICANS FOR LIMIT GOVT FOUNDATION	<u>52-2020</u>	468	P	age 12
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response to any question in this Part XI		· · · · ·		. 🗆
1	Total revenue (must equal Part VIII, column (A), line 12)	. 1	2,	549,1	181
2	Total expenses (must equal Part IX, column (A), line 25)	. 2	1,8	30,8	800
` 3	Revenue less expenses Subtract line 2 from line 1	. 3		718,3	381
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	. 4	(1,4	111,6	645)
5	Net unrealized gains (losses) on investments	. 5			
6	Donated services and use of facilities	. 6			
7	Investment expenses	. 7			
8	Pnor period adjustments	. 8			
9	Other changes in net assets or fund balances (explain in Schedule O)	. 9			0
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line				
	33, column (B))	. 10	((593,2	264)
Pa	rt XII Financial Statements and Reporting		•		
	Check if Schedule O contains a response to any question in this Part XII				$\cdot \square$
				Yes	No
1	Accounting method used to prepare the Form 990 🔲 Cash 🔯 Accrual 🔲 Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in				
	Schedule O				l
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		. 2a		x
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or				
	reviewed on separate basis, consolidated basis, or both			i	
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis				İ
b	Were the organization's financial statements audited by an independent accountant?		. 2b		Х
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a				
	separate basis, consolidated basis, or both				
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis				-
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight				
	of the audit, review, or compilation of its financial statements and selection of an independent accountant?		. 2c		ľ
	If the organization changed either its oversight process or selection process during the tax year, explain in				
	Schedule O				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in				ľ
	the Single Audit Act and OMB Circular A-133?		. 3a		Х
ь	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the				<u> </u>
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits		. 3b		
EEA			Form	990 (2012)

SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

► Attach to Form 990 or Form 990-EZ. See separate instructions. OMB No 1545-0047

2012

Open to Public Inspection

Employer identification number Name of the organization AMERICANS FOR LIMIT GOVT FOUNDATION 52-2020468 Reason for Public Charity Status (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is (For lines 1 through 11, check only one box) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 6 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II) 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II) 9 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See section 509(a)(2). (Complete Part III) 10 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the 11 purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h a Type I b ☐ Type II c Type III-Functionally integrated **d** Type III-Non-funtionally integrated By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box Since August 17, 2006, has the organization accepted any gift or contribution from any of the g following persons? A person who directly or indirectly controls, either alone or together with persons described in (ii) and Yes No (iii) below, the governing body of the supported organization? 11g(i) (ii) A family member of a person described in (i) above? 11g(iı) (iii) A 35% controlled entity of a person described in (i) or (ii) above? 11g(ili) Provide the following information about the supported organization(s) (III) Type of organization (i) Name of supported (II) EIN (iv) is the organization (v) Did you notify (vi) Is the (vii) Amount of monetary organization (described on lines 1-9 in col. (i) listed in your the organization in organization in col support above or IRC section col (i) of your governing document? (i) organized in the support? (see instructions)) US? Yes No Yes No Yes No (A) (B) (C) (D) (E)

Sched	dule A (Form 990 or 990-EZ) 2012 AMER	ICANS FOR L	IMIT GOVT FO	UNDATION		52-202046	8 Page
Pa	irt II Support Schedule for Or	ganizations D	Described in S	ections 170(b)(1)(A)(iv) and	170(b)(1)(A)(v	/i)
	(Complete only if you chec						
	Part III. If the organization	fails to qualify	under the test	s listed below,	please comple	te Part III.)	
	ction A. Public Support	·				_	
Cale	endar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")						
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3						
5	The portion of total contributions by						
	each person (other than a						
	governmental unit or publicly						
	supported organization) included on	İ					
	line 1 that exceeds 2% of the amount	}					
	shown on line 11, column (f)						
6	Public support. Subtract line 5 from line 4 · ·						
Sec	ction B. Total Support		•	•		•	· · · · · · · · · · · · · · · · · · ·
Cale	endar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
7	Amounts from line 4						
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
11	Total support. Add lines 7 through 10						-
12	Gross receipts from related activities, etc. (s	see instructions)				12	
13	First five years. If the Form 990 is for the o organization, check this box and stop here						▶□
Sec	ction C. Computation of Public Su	_		-			 _
14	Public support percentage for 2012 (line 6,	column (f) divided	by line 11, column	(f)) · · · · ·		14	%
15	Public support percentage from 2011 Sched		=			1	%
16a	33 1/3% support test - 2012. If the organize			, and line 14 is 33	1/3% or more, che	ck this	
	box and stop here. The organization qualifie						▶ □
b					s 33 1/3% or more	,	_
	check this box and stop here. The organiza					,	▶ □
17a		•		•	or 16b, and line 14	1 is	_
	10% or more, and if the organization meets	-					
	Part IV how the organization meets the "fact				•		
	organization		_				▶ □
ь						ne	_

15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly

Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see

18

52-2020468

AMERICANS FOR LIMIT GOVT FOUNDATION

Support Schedule for Organizations Described in Section 509(a)(2) Part III (Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II.

	If the organization fails to o	qualify under the	e tests listed be	elow, please co	mplete Part II.)	· · · · · · · · · · · · · · · · · · ·
Se	ction A. Public Support			· · · · · · · · · · · · · · · · · · ·		·	
Cal	endar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")	1 105 611	2 551 705	664 700	979 200	2 549 461	7 740 04
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	1,105,611	2,551,785	664,790	878,200	2,548,461	7,748,847
3	Gross receipts from activities that are not an unrelated trade or bus under sec 513 · · · ·						
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5	1,105,611	2,551,785	664,790	878,200	2,548,461	7,748,847
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
C	Add lines 7a and 7b · · · · · · · · · · · · · · · · · ·						
	Public support (Subtract line 7c from line 6)						7,748,847
	ction B. Total Support				<u> </u>	· · · · · · · · · · · · · · · · · · ·	
	endar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
9	Amounts from line 6 · · · · · · · · · · · ·	1,105,611	2,551,785	664,790	878,200	2,548,461	7,748,847
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	42,711	37,821	5,117		720	86,369
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
C	Add lines 10a and 10b · · · · · · · · · ·	42,711	37,821	5,117		720	86,369
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on	42,711		1,998	20,185		64,894
12	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
13	Total support. (Add lines 9, 10c, 11, and 12) · · · · · · · · · · · · · · · ·	1,191,033	2,589,606	671,905	898,385	2,549,181	7,900,110
	First five years. If the Form 990 is for the orgonganization, check this box and stop here	<u> </u>		•			▶ 🏻
	ction C. Computation of Public Su	• •				-	
15	Public support percentage for 2012 (line 8, co	•				15	<u> </u>
16 Sec	Public support percentage from 2011 Scheduction D. Computation of Investme					16	%
17	Investment income percentage for 2012 (line			umn (f))		17	9/
18	Investment income percentage from 2011 Sc	* *	=		[18	9/
19a	33 1/3% support tests - 2012. If the organization is not more than 33 1/3%, check this box a						▶□
b	33 1/3% support tests - 2011. If the organization 18 is not more than 33 1/3%, check this to						▶□
20	Private foundation If the organization did no	ot check a box on lin	ne 14 19a or 19h	check this hox and	see instructions		▶ □

SCHEDULE D (Form 990)

Supplemental Financial Statements

► Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

OMB No 1545-0047

2012

Open to Public

	al Revenue Service	► Attach te	o Form 990. 🕨 See	e separate instructions.		Inspection	
	of the organization				Employer iden	tification number	
AMI	ERICANS FO	R LIMIT GOVT FOUND	ATION		52-20	20468	
Pa	rt I Organiza	itions Maintaining Donor Advis	sed Funds or Oth	ner Similar Funds or Ad	counts. Complet	e if the	
	organizati	on answered "Yes" to Form 990	, Part IV, line 6				
			(a) Done	or advised funds	(b) Funds ar	nd other accounts	
1	Total number at en	nd of year					
2	Aggregate contribu	utions to (during year)					
3	Aggregate grants f	from (dunng year)					
4	Aggregate value at	t end of year					
5	Did the organization	on inform all donors and donor advisor	s in writing that the a	ssets held in donor advised			
	funds are the organ	inization's property, subject to the orga	inization's exclusive l	egal control?		· · · · 🔲 Yes	☐ No
6	Did the organization	on inform all grantees, donors, and do	nor advisors in writing	g that grant funds can be use	ed		
	only for chantable	purposes and not for the benefit of the	e donor or donor adv	isor, or for any other purpose	е		
		issible private benefit?					☐ No
Pa	rt II Conserv	vation Easements. Complete if	the organization a	nswered "Yes" to Form 9	990, Part IV, line 7	7.	
1	Purpose(s) of cons	servation easements held by the orga	nization (check all tha	at apply)			
	Preservation o	of land for public use (e.g., recreation of	or education)	Preservation of an histo	oncally important land	d area	
	Protection of n	natural habitat		Preservation of a certifi	ied historic structure		
	Preservation o	of open space					
2	Complete lines 2a	through 2d if the organization held a c	qualified conservation	o contribution in the form of a	a conservation		
	easement on the la	ast day of the tax year			[-		
					Held a	t the End of the Ta	x Year
а		onservation easements		• • • • • • • • • • • • • • • • • • • •	· · · 2a		
þ	-	ricted by conservation easements		• • • • • • • • • • • • • • • • • • • •	· · · 2b		
С		vation easements on a certified histori		• •	· · · 2c		_
d		vation easements included in (c) acqu					
_		sted in the National Register			· · · 2d	. <u></u> .	
3	_	vation easements modified, transferre	d, released, extinguis	shed, or terminated by the or	rganization during the	9	
	tax year			_ k			
4		where property subject to conservation					
5	-	tion have a written policy regarding the		, inspection, nandling of		☐ Yes	
6		orcement of the conservation easeme r hours devoted to monitoring, inspect				🔲 162	
•	> Stall and volunteer	Hours devoted to morntoring, inspect	ing, and emorang a	onservation easements durin	ig the year		
7	Amount of expense	— es incurred in monitoring, inspecting, a	and enforcing conser	vation easements during the	e vear		
•	► \$	se meened in memering, mepeering,	and ornoroning contoo.	Tanon bassinonia danng an	o you.		
8	·	 vation easement reported on line 2(d)	above satisfy the red	guirements of section 170(h))(4)(B)		
	(i) and section 170					· · · · Yes	□No
9	**	be how the organization reports conse	ervation easements in	n its revenue and expense st	tatement, and	_	_
		d include, if applicable, the text of the t					
	organization's acco	ounting for conservation easements	-				
Pa	rt III Organi	izations Maintaining Collect	tions of Art, His	torical Treasures, or	r Other Similar	Assets.	
	Comple	te if the organization answered "	Yes" to Form 990,	, Part IV, line 8.			
1a	If the organization	elected, as permitted under SFAS 116	6 (ASC 958), not to re	eport in its revenue statemer	nt and balance sheet		
	works of art, histor	ncal treasures, or other similar assets	held for public exhibi	tion, education, or research	in furtherance of		
	public service, prov	vide, in Part XIII, the text of the footno	te to its financial state	ements that describes these	tems		
b	If the organization	elected, as permitted under SFAS 116	6 (ASC 958), to repor	t in its revenue statement ar	nd balance sheet		
	works of art, histor	ncal treasures, or other similar assets	held for public exhibi	tion, education, or research	in furtherance of		
	public service, prov	vide the following amounts relating to	these items				
	•	luded in Form 990, Part VIII, line 1				\$	
		ed in Form 990, Part X				\$	
2	If the organization	received or held works of art, historical	al treasures, or other	sımılar assets for financıal g	jain, provide the		
		required to be reported under SFAS 1					
а		d in Form 990, Part VIII, line 1				\$	
h	Accete included in	Form 990 Part X				C C	

	ule D (Form 990) 2012 AMERICANS FOR I					-2020468		Page 2
Pa	t III Organizations Maintaining C	collections of	of Art, Histo	orical Treasures,	or Other Simil	ar Assets	(contin	ued)
3	Using the organization's acquisition, accession, a	and other record	is, check any o	f the following that are	a significant use of it	s		
	collection items (check all that apply)							
а	Public exhibition	d 🗌	Loan or excha	nge programs				
b	Scholarly research	e 🗌	Other					
С	Preservation for future generations							
4	Provide a description of the organization's collect	tions and explain	n how they furti	ner the organization's e	exempt purpose in Pa	art		
	XIII	•	,	ū				
5	During the year, did the organization solicit or rec	eive donations	of art. historica	treasures, or other sin	nılar			
_				•		1	٦ Yes	□ No
Pai	assets to be sold to raise funds rather than to be t IV Escrow and Custodial Arran	gements.	Complete if	the organization a	nswered "Yes"	to Form 99	0. Part	₩
	line 9, or reported an amount of						·, · · · ·	,
1a	Is the organization an agent, trustee, custodian o				not			
						[7 vee	П№
b	If "Yes," explain the arrangement in Part XIII and					[163	□ 140
Ь	in res, explain the arrangement in Fart Alli and	complete the lo	mowing table			A		
_	Beginning balance				40	Amount		
C	Beginning balance							
a								
	Distributions during the year							
T	•							
2a	Did the organization include an amount on Form					-	_	∐ No
	If "Yes," explain the arrangement in Part XIII Che						• • • • •	<u>Ш</u>
Pai	t V Endowment Funds. Complete	if the organ	ization ansv	vered "Yes" to Fo	rm 990, Part IV,	line 10		
	-	(a) Current year	r (b) Pri	or year (c) Two year	rs back (d) Three ye	ars back (e)	Four years	back
1a	Beginning of year balance							
b	Contributions							
С	Net investment earnings, gains, and							
	losses							
d	Grants or scholarships							
е	Other expenditures for facilities and							-
	programs							
f	Administrative expenses							
g	End of year balance							
2	Provide the estimated percentage of the current	year end baland	æ (line 1g, colu	mn (a)) held as	·			
а	Board designated or quasi-endowment	%						
b	Permanent endowment > %							
С	Temporanty restricted endowment	%						
	The percentages in lines 2a, 2b, and 2c should e							
3a	Are there endowment funds not in the possession	•	ation that are h	eld and administered fo	or the			
	organization by		-				Yes	No
	(i) unrelated organizations · · · · · · · · ·						a(i)	+
	(ii) related organizations · · · · · · · · · · · ·					-	a(ii)	+
b	If "Yes" to 3a(ii), are the related organizations list	ed as required o					3b	+-
4	Describe in Part XIII the intended uses of the org							—
Pai	t VI Land, Buildings, and Equipm			rt X line 10				
, al		- 1	-		(2) 4		Deed :	
	Description of property	1	or other basis restment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(a)	Book value)
4-	l and	(1114		(oner)	Gebraciados.			
1a	Land	· · ·			-			
b	Buildings	· · ·						
C	Leasehold improvements	· · ·			ļ <u>-</u>			
d	Equipment	· · ·	· -		 		 -	
θ	Other · · · · · · · STMD1E			105,216	97,	080	8	3 <u>,136</u>
Total	. Add lines 1a through 1e (Column (d) must equa	al Form 990, Pa	rt X, column (B), line 10(c)) • •	· · · · · · · · · · ·	▶	8	3,136

liability for uncertain tax positions under FIN 48 (ASC 740) Check here if the text of the footnote has been provided in Part XIII

	tule D (Form 990) 2012 AMERICANS FOR LIMIT GOVT FOUNDATION	52-2020468	Page 4
	rt XI Reconciliation of Revenue per Audited Financial Statements With Revenue p		
1	Total revenue, gains, and other support per audited financial statements	1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
а	Net unrealized gains on investments		
b	Donated services and use of facilities		
C	Recoveries of prior year grants		
d	Other (Describe in Part XIII)		
0	Add lines 2a through 2d	2е	
3	Subtract line 2e from line 1	3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b · · · · · · · · 4a		
b	Other (Describe in Part XIII)		
С	Add lines 4a and 4b	4c	
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)	5	
Pa	rt XII Reconciliation of Expenses per Audited Financial Statements With Expenses	s per Return	
1	Total expenses and losses per audited financial statements	1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
а	Donated services and use of facilities		
Ь	Prior year adjustments		
c	Other losses		
d	Other (Describe in Part XIII)	-	
8	Add lines 2a through 2d		
3	Subtract line 2e from line 1	3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b		
b	Other (Describe in Part XIII)		
c	Add lines 4a and 4b		
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)		
_	rt XIII Supplemental Information		
	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and	nd 2h	
	V, line 4, Part X, line 2, Part XI, lines 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to provide any add	itional	
Intorr	mation		
			<u> </u>
			
		··· <u>···</u> ··	
		·	
EEA		Schedule D	(Form 990) 2012

SCHEDULE I (Form 990)

Grants and Other Assistance to Organizations, Governments, and Individuals in the United States

OMB No 1545-0047 **2012**

Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22.

Department of the Treasury Internal Revenue Service

► Attach to Form 990.

Open to Public Inspection

Name of the organization						Employer Identification	number
AMERICANS FOR LIMIT GOVT FOUND						52-2020468	
Part I General Information on (Grants and Ass	<u>istance</u>					
1 Does the organization maintain records to	substantiate the amo	=	_				
the selection criteria used to award the gra	ants or assistance?						· 🔀 Yes 🗌 No
2 Describe in Part IV the organization's proc							
Part II Grants and Other Assist							es" to Form 990
Part IV, line 21, for any red	cipient that receive	ved more than \$5,0	000 Part II can be o	duplicated if addit	ional space is neede	ed	
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) PARENTS IN-CHARGE FOUNDATION	N						
9900 MAIN STREET SUI 22031	54-2024931	501 C 3	75,000				
(2)S C FOR RESPONSIBLE GOVT FO	JND				Ţ		
P O BOX 12646 29211	20-3128872	501 C 3	278,750				
(3)CITIZENS IN CHARGE FOUNDATION	ON						
2050 OLD BRIDGE ROAD 22192	13-4070270	501 C 3	95,000				
(4)							
(5)							
(6)							
(7)							
(8)				· ···			
(9)							
(10)		<u> </u>					
(11)							
(12)							
2 Enter total number of section 501(c)(3) an	nd government organi	zations listed in the line	1 table · · · · · ·		· · · · · · · · · · · · · · · · · · ·		3
3 Enter total number of other organizations	listed in the line 1 tab	le <u>• • • • • • • • • • • • • • • • • • •</u>	<u></u>		· · · · <u>· · ·</u> · · · · · ·	<u> ▶</u>	

edule I (Form 990) (2012) AMERICANS FOR LI	MIT GOVT FOUNDATIO	N			52-2020468
art III Grants and Other Assistance t	o Individuals in the U	nited States. Co	omplete if the organ	ization answered "Yes"	to Form 990, Part IV, line 22
Part III can be duplicated if addit					,
(a) Type of grant or assistance	(b) Number of reapients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
· · · · · · · · · · · · · · · · · · ·					-
		· · · · · · · · · · · · · · · · · · ·			
			<u> </u>		
IV Supplemental Information. Co	mplete this part to prov	ide the informati	on required in Part	I, line 2, Part III, column	(b), and any other additional
ınformation					
Monitoring procedures (P	art 1, line 2)			<u></u>	
groups/organizations who seek a	grant from ALGF a	re required to	submit the req	uest in writting sig	med by an officer of the
		6 the	otionia TDG data		d . 5
nization. The request also mus	t include a copy of	t the organiza	ation's iks dete	rmination letter and	i if requested they must
ude the most recent tax filling	AICE will thon	rowiow the re	mucet and make a	determination of th	he grant No formal ren
de the most recent tax illing	. ALGE WIII CHOIL	review cue red	quest and make a	determination of the	le grant. No format repo
ally required from the recipian	t however ALGE do	reserve the	right to make th	e remiest if we fee	l necessary
arry required from the recipian	C, HOWEVEL ALIGE GO	16561 VG CHG	right to make the	e request ir we ree.	i necessary.
		-	·		
		·····			
				···········	
	·				

EEA

Schedule I (Form 990) (2012)

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

OMB No 1545-0047

Open to Public Inspection

Employer identification number

Department of the Treasury Internal Revenue Service Name of the organization

Attach to Form 990 or 990-EZ.

AMERICANS FOR LIMIT GOVT FOUNDATION 52-2020468 01. Governing body meeting documentation (Part VI, line 8a) The Organization has an executive committee which will meet between board meetings. 02. Form 990 governing body review (Part VI, line 11) After form 990 is completed it is sent to the all directors for review before submission. 03. Conflict of interest policy compliance (Part VI, line 12c) All directors are required annually submit a form to the organization answering questions pertaining to their relationship with the organization. 04. Governing documents, etc, available to public (Part VI, line 19) The tax fillings are available by filing a written request with the organization.

	Federal Supporting Statements	2012 PG01
Name(s) as shown on return		FEIN
AMERICANS FO	OR LIMIT GOVT FOUNDATION	52-2020468

Form 990, Schedule D, Part VI, Line 1e Statement #Dle Investments - Other

Description of Investment	Cost/basis (Investment)	Cost/basis (Other)	Depr	Book Value
OFFICE EQUIPMENT	0	48,971	50,640	(1,669)
COMPUTER SOFTWARE	0	48,754	38,949	9,805
PHOTO COPIER	0	3,995	3,995	0
FURNITURE & EQUIPMENT	0	3,496	3,496	0
Total	0	105,216	97,080	8,136

990 Name(s) as shown on return AMERICANS FOR LIMIT GOVT FOUNDATION Overflow Statement Page 1 FEIN 52-2020468

Other Expenses: Program Services

Description		Amount
Payroll Fee		\$ 641
Postage		 6,894
Telephone		 6,048
Printing		 8,312
Clipping Service		3,710
	Total:	\$ 25,605

Other Expenses -Management & General

Description		1	Amount
Bank Charges		\$	502
Security			1,501
Research			3,782
Taxes			188
Payroll Fee			144
Membership Fee			7,586
Subscription			8,188
	Total:	\$	21,891

Other Expenses-Fundraising

Description	 mount
Postage	\$ 4,212
Printing	3,639
Total:	\$ 7,851

• If you are	Rev 1-2013)				Page 2
ii you ale	filing for an Additional (Not Automatic) 3-	Month Extension	complete only Part II and ch	eck this box · ·	▶ 🔯
Note. Only c	complete Part II if you have already been gra	inted an automatic	3-month extension on a previo	usly filed Form 8868	
If you are	filing for an Automatic 3-Month Extension	n, complete only F	Part I (on page 1)	•	
Part II	Additional (Not Automatic) 3-N			e original (no cop	ies needed).
			Enter	filer's identifying nu	mber, see instructions
Type or	Name of exempt organization or other file	er, see instructions		Employer identification	
print	AMERICANS FOR LIMIT GOVT			52-2020	` '
Edo by the	Number, street, and room or suite no life		nictions	Social security number	
File by the due date for	' '	-	detions	Oodal security humb	CI (0014)
filing your	10332 MAIN STREET SUITE 3 City, town or post office, state, and ZIP c		addraga aga instructions		
return See		ode Foi a loreign a	address, see instructions		
	Fairfax, VA 22031		- -		
Enter the Re	eturn code for the return that this application	ıs for (file a separa	te application for each return)		01
Applicatio	on	Return	Application		Return
Is For		Code	Is For		Code
	or Form 990-EZ	01	<u> </u>	, , ,_,	
Form 990-l		02	Form 1041-A		08
) (individual)	03	Form 4720		09
Form 990-I	<u></u>	04	Form 5227		10
		05	Form 6069		
	T (sec 401(a) or 408(a) trust)				11
Form 990-	T (trust other than above)	06	Form 8870		12
Telephone If the orga If this is fo for the whole	anization does not have an office or place of or a Group Return, enter the organization's f e group, check this box · · · ▶ ☐ If it	business in the Ur our digit Group Exe is for part of the gro	AX No ► 703-383-5288 uted States, check this box emption Number (GEN)	If this is	
Telephone If the orga If this is for the whole list with the n 4 I reque 5 For cal 6 If the ta	e No 703-383-0880 anization does not have an office or place of or a Group Return, enter the organization's f	business in the Ur four digit Group Exe is for part of the gro on is for until	AX No ► 703-383-5288 Inted States, check this box emption Number (GEN) Dup, check this box 11-15 , 20and enc	If this is ▶ □ and attack	
Telephone If the orga If this is for the whole list with the n I reque For cal If the ta Cha To State iii	e No 703-383-0880 anization does not have an office or place of or a Group Return, enter the organization's fagroup, check this box If it is names and EINs of all members the extension est an additional 3-month extension of time usuallendar year 2012, or other tax year begin ax year entered in line 5 is for less than 12 mange in accounting period	business in the Urrour digit Group Exercise for part of the group is for until nining nonths, check reas	AX No 703-383-5288 inted States, check this box emption Number (GEN) pup, check this box 11-15 20 and end on Initial return	If this is ▶ □ and attack 2013 ding	na
Telephone If the orga If this is for the whole list with the n I reque For cal If the ta Cha To State iii	e No 703-383-0880 anization does not have an office or place of or a Group Return, enter the organization's factorial group, check this box	business in the Urrour digit Group Exercise for part of the group is for until nining nonths, check reas	AX No 703-383-5288 inted States, check this box emption Number (GEN) pup, check this box 11-15 20 and encon Initial return	If this is ▶ □ and attack 2013 ding	na
Telephone If the orga If this is for the whole list with the n I reque For cal If the ta Cha To State iii	e No 703-383-0880 anization does not have an office or place of or a Group Return, enter the organization's factorial group, check this box	business in the Urrour digit Group Exercise for part of the group is for until nining nonths, check reas	AX No 703-383-5288 inted States, check this box emption Number (GEN) pup, check this box 11-15 20 and encon Initial return	If this is ▶ □ and attack 2013 ding	na
Telephone If the orga If this is for the whole list with the n 4 I reque 5 For cal 6 If the to 1 Cha 7 State ii 1 THE 1	e No 703-383-0880 anization does not have an office or place of or a Group Return, enter the organization's factorial group, check this box	business in the Ur our digit Group Exe is for part of the gro on is for until unning nonths, check reas	AX No 703-383-5288 Inted States, check this box emption Number (GEN) Dup, check this box 11-15 , 20 and encon Initial return READY YET.	If this is▶ □ and attack 2013 ding Final return	na
Telephone If the orga If this is for the whole list with the n 4 I reque 5 For cal 6 If the ta	e No 703-383-0880 anization does not have an office or place of or a Group Return, enter the organization's fee group, check this box In the names and EINs of all members the extension est an additional 3-month extension of time collendar year 2012 , or other tax year begin ax year entered in line 5 is for less than 12 mange in accounting period in detail why you need the extension FINANCIALS AND OTHER SCHEDUT	business in the Ur our digit Group Exe is for part of the gro on is for until unning nonths, check reas	AX No 703-383-5288 Inted States, check this box emption Number (GEN) Dup, check this box 11-15 , 20 and encon Initial return READY YET.	If this is▶ □ and attack 2013 ding Final return	na, 20
Telephone If the orga If this is for the whole list with the n I reque For cal If the ta Cha THE I Ba If this a nonrefit	e No 703-383-0880 anization does not have an office or place of or a Group Return, enter the organization's fearoup, check this box If it is names and EINs of all members the extension est an additional 3-month extension of time used an additional 3-month extension of time used and extension of the extension ax year entered in line 5 is for less than 12 mange in accounting period in detail why you need the extension FINANCIALS AND OTHER SCHEDUS application is for Form 990-BL, 990-PF, 990-	business in the Urrour digit Group Exercise for part of the group is for t	AX No ► 703-383-5288 inted States, check this box emption Number (GEN) pup, check this box 11-15 , 20 and end on Initial return READY YET.	If this is and attack 2013 ding Final return	na, 20
Telephone If the orga If this is for the whole list with the n I reque For cal If the ta Cha The I Sa If this a nonrefit b If this a	e No 703-383-0880 anization does not have an office or place of or a Group Return, enter the organization's fagroup, check this box If it is names and EINs of all members the extension est an additional 3-month extension of time used an additional 3-month extension of time used an additional 3-month extension of time used any year entered in line 5 is for less than 12 mange in accounting period in detail why you need the extension FINANCIALS AND OTHER SCHEDUS application is for Form 990-BL, 990-PF, 990-fundable credits. See instructions	business in the Urrour digit Group Exercise for part of the group is for until noning nonths, check rease LES ARE NOT	AX No 703-383-5288 inted States, check this box emption Number (GEN) pup, check this box 11-15 , 20 and enco on Initial return READY YET. enter the tentative tax, less any	If this is and attack 2013 ding Final return	na, 20
Telephone If the orga If this is for the whole list with the n I reque For cal If the to Cha The I Ba If this a nonrefit this a estima	e No 703-383-0880 anization does not have an office or place of or a Group Return, enter the organization's far group, check this box	business in the Urrour digit Group Exercise for part of the group is for until noning nonths, check rease LES ARE NOT	AX No 703-383-5288 inted States, check this box emption Number (GEN) pup, check this box 11-15 , 20 and enco on Initial return READY YET. enter the tentative tax, less any	If this is and attack 2013 ding Final return	
Telephone If the orga If the orga If this is for the whole It with the n I reque For cal If the to Cha THE I Sa If this a nonrefit If this a estima amount	e No 703-383-0880 anization does not have an office or place of or a Group Return, enter the organization's fee group, check this box In the names and EINs of all members the extension est an additional 3-month extension of time collendar year 2012 , or other tax year begin ax year entered in line 5 is for less than 12 mange in accounting period in detail why you need the extension FINANCIALS AND OTHER SCHEDUM application is for Form 990-BL, 990-PF, 990-fundable credits. See instructions application is for Form 990-PF, 990-T, 4720, atted tax payments made. Include any prior year paid previously with Form 8868.	business in the Ur our digit Group Exe is for part of the gro on is for until noning nonths, check reas LES ARE NOT -T, 4720, or 6069, e or 6069, enter any ear overpayment a	AX No 703-383-5288 Inted States, check this box emption Number (GEN) Dup, check this box 11-15 , 20 and enconn Initial return Interpretation in the tentative tax, less any refundable credits and lilowed as a credit and any	If this is If this is and attack 2013 ding Final return 8a	
Telephone If the orga If the orga If this is for the whole Itst with the n 4	e No 703-383-0880 anization does not have an office or place of or a Group Return, enter the organization's fee group, check this box [If it is names and EINs of all members the extension est an additional 3-month extension of time used the area of the extension of the ext	business in the Ur four digit Group Exe is for part of the gro on is for until noning nonths, check reas LES ARE NOT -T, 4720, or 6069, e or 6069, enter any ear overpayment and	AX No 703-383-5288 Inted States, check this box emption Number (GEN) Dup, check this box 11-15 , 20 and enconn Initial return Interpretation in the tentative tax, less any refundable credits and lilowed as a credit and any	If this is If this is and attack 2013 ding Final return 8a	na, 20
Telephone If the orga If the orga If this is for the whole Itst with the n 4	e No 703-383-0880 anization does not have an office or place of or a Group Return, enter the organization's far group, check this box [If it is names and EINs of all members the extension est an additional 3-month extension of time used an additional 3-month extension of time used an additional 3-month extension of time used an additional 3-month extension of time used an additional 3-month extension of time used an additional 3-month extension of time used an additional 3-month extension of time used and the second and	business in the Urrour digit Group Exercise for part of the group is for building months, check reason or 6069, enter any ear overpayment with structions	AX No 703-383-5288 Inted States, check this box emption Number (GEN) Dup, check this box 11-15 , 20 and enconn Initial return Interpretation in the tentative tax, less any refundable credits and lilowed as a credit and any	If this is and attack 2013 ding Final return 8a 8b 9 EFTPS 8c	na, 20
Telephone If the orga If the orga If this is for the whole list with the n 4 I reque 5 For cal 6 If the ta	e No 703-383-0880 anization does not have an office or place of or a Group Return, enter the organization's far group, check this box [If it is names and EINs of all members the extension est an additional 3-month extension of time used an additional 3-month extension of time used an additional 3-month extension of time used an additional 3-month extension of time used an additional 3-month extension of time used an additional 3-month extension of time used an additional 3-month extension of time used and the second and	business in the Ur our digit Group Exe is for part of the gro on is for until nning months, check reas LES ARE NOT -T, 4720, or 6069, e or 6069, enter any ear overpayment a e your payment with ctructions erification must	AX No 703-383-5288 Inted States, check this box emption Number (GEN) Dup, check this box 11-15 , 20 and end on Initial return READY YET. Perturbed the tentative tax, less any refundable credits and liowed as a credit and any the this form, if required, by using accompanying schedules and graccompanying schedules and graccompan	If this is and attack 2013_ding Final return 8a 8b g EFTPS 8c art II only.	
Telephone If the orga If this is for the whole list with the n 4 I reque 5 For cal 6 If the ta Cha 7 State ii THE 1 8a If this a nonrefi b If this a estima amoun c Balance (Elector	e No 703-383-0880 anization does not have an office or place of or a Group Return, enter the organization's fire group, check this box If it is names and EINs of all members the extension est an additional 3-month extension of time used an additional 3-month extension of time used an additional 3-month extension of time used an additional 3-month extension of time used an additional 3-month extension of time used an additional 3-month extension of time used an additional 3-month extension of time used and the second and	business in the Urrour digit Group Exercise for part of the group is for building months, check reason to 100 and 100	AX No 703-383-5288 Inted States, check this box emption Number (GEN) Dup, check this box 11-15 , 20 and end on Initial return READY YET. Perturbed the tentative tax, less any refundable credits and liowed as a credit and any the this form, if required, by using accompanying schedules and graccompanying schedules and graccompan	If this is and attack 2013_ding Final return 8a 8b g EFTPS 8c art II only.	